



## Stop Payment and Check Reissue Request Form

Complete one form per check on which you would like to have reissued or returned to the budget. Please complete all the information available to you and ensure you have read the conditions listed on this form. If you are unaware of the specific check information (check date, amount, etc.), please contact CCSC for assistance if you are unable to get this information from FOCoS. **This form will not be accepted or processed until 30 days have passed from the check date listed below.**

REQUIRED INFORMATION	
Name of Person filling out this form	
Member/Participant Full Name	Palco ID
Employer Name	Palco ID
Check Number	Check Date
Check Amount	Pay Period (if payroll check)

Choose **one** section of the form below to complete, vendor check or worker check.

VENDOR CHECK	
Check Payee (The name of the vendor that the check is for)	Was the check ever received? <input type="checkbox"/> Yes <input type="checkbox"/> No
Current EOR Mailing Address	
What is the Check Status (did not receive, lost, stolen, damaged)? <i>Please provide a description of what happened.</i>	
Did the vendor reject the check? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide the reason given by the vendor. <b>**Please remember, checks should never be submitted to the vendor electronically (by internet, phone, kiosk or store) or they will be rejected. This includes checks for vendors such as Comcast, CenturyLink, T-Mobile, etc.**</b>	

**WORKER CHECK**

Worker Name	Was the check received? <input type="checkbox"/> Yes <input type="checkbox"/> No
What is the Worker's current mailing address?	
What is the Check Status (did not receive, lost, stolen, damaged)? <i>Please provide a description of what happened.</i>	

By signing below, I authorize Palco, Inc. to place a stop payment on the above referenced check. In addition, I request the following:

- Reissue to my Money Network Card.**
- Reissue Direct Deposit. If I am not already set up on direct deposit,** please find my completed Direct Deposit Authorization attached to this request. By choosing this option, my payment will be reissued within ten business days of Palco's receipt of this form. Please allow 24-48 hours to receive the reissued payment.
- Reissue Paper Check.** I have verified with Accenture/Conduent that my mailing address on file is accurate. I understand my payment will be reissued and mailed within ten business day of Palco's receipt of this form. Please allow at least one week to receive the reissued check.
- Return funds to the Participant's Budget.**

I certify that I do not have the above-listed check in my possession and that the information I have provided is true and accurate. I certify that I have not and will not attempt to cash/use the check and that I have not given permission to anyone else to cash/use the check. I also certify that I have not received or used any part of the money/payment from this check. If I receive or find the check, I agree I will not try to use the check and that I will immediately return the check to Palco (P.O. Box 242930 Little Rock, AR 72223). I certify that if I find the check after I have submitted this form and I try to use the check, it may be considered fraud and I may be required to pay significant costs and damages.

\_\_\_\_\_  
**Employer Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Employee Signature** (required for Employee Checks)

\_\_\_\_\_  
**Date**

***Please return this form to Conduent via email, fax or mail.***  
***Email: docprocessing@conduent.com ; Fax: 866-302-6787***  
***Mail: PO Box 27460 Albuquerque, NM 87125-7460***

**This form will not be accepted or processed until 30 days have passed from the check date listed on the first page.**